## STATE OF NEW HAMPSHIRE

## 2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

RECEIVED

APR 1 1 2018

				W V 1 1 Z010	i
I. Name of Lobbyist	(s) <u>Maura</u> N	1. Wyton		NEW HAMPSHIRE	
II. Name of lobbyist	's partnership, firm or corpor	ation, if any:		DEPARTMENT OF STAT	E
	VUSTON + AUSOU		1		
(Na	me of partnership, firm or corporat	ion)			
PO BOX	990 C	onwrd	NH	03302 (Zip Code)	
Business Address: (S	Street) (To	own/City)	(State)		m (h (d
(603) 224-40 (Telephone)	(603) 22	(Fax)	e-mail Maura	e mmweston conmi	com
reportable expense	covers: (Choose one – file septransactions which are not at	tributable to any o	ne chemix		
All reportable tr	ansactions occurring in the mon	ths prior to the repo	rting date relative to	the following client:	
Derry med	(Full Name of Client as it appe	ars on the Lobbyist R	egistration Form)	hee	
	ansactions by the lobbyist (inclu				
IV. Date of Report	April 25, 2018 Decivity from date of registration to	3/31/18 activ	July 25, 2018	/18	
Reports Coron	October 31, 2018 activity from 7/1/18 to 9/30/18		January 30, 2019 (wity from 10/1/18 to 12	] 31/18	
V. There have be If this box is checke Concord, NH 0330	een no fees received and no ed, complete just this form and s	reportable trans submit it to the Secr	actions made since etary of State's Office	e the last report.   Compared to the last report.   Compared t	
VI. Check if addit	ional reports are attached:				
C If you have rec	aived fees or made expenditure	s, you must file Ad	dendum A- Fees and	Expenses  Denort of Honorariums or	
Daimhure	id an honorarium or reimbursed				
☐ If you, your fi	rm, or your family has made po	litical contributions,	you must file Adder	dum C-Political Contributions	
I have read RSA I and complete to the	e best of my knowledge and be	SA 664 and hereby lief.	swear or affirm that t	he foregoing information is true  (Date)	
(Print Name of lo	obbyist)	<del></del>			

# P L E A S E P R I N T

## STATE OF NEW HAMPSHIRE



# Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

1. Name of Lobbyist(s) Maura M. Wwton	
II. Name of lobbyist's partnership, firm or corporation, if any:	
MM Weston & Associates, PLLC (Name of partnership, firm or corporation)	
(Name of partnership, firm or corporation)	_
III. Name of Client Derry Medical & Londonderry Family Practi	Date
Tarring Fraun	
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The gro reduced by any expenses:	ss fee amount reported shall not be
a) Total of all fees received in this reporting period	a) \$
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar ye	a) \$
c) Total of all fees received to date (Add lines a and b)	c)\$ 18,000
<ul> <li>d) Indicate the amount of any such fees that are due, but have not yet been paid</li> </ul>	d) \$O
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report in Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of lessing lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greater restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	may be filed for the lobbyist(s)/firm aggregate total of all expenses paid agreements; (b) the aggregate total of all e: meals purchased during a business st than \$10 that is given to the person and with a value of \$25.00 or less); and orting period of greater than \$25.00 for ue of greater than \$25, purchase of the er than \$25, but not greater than \$50, expense reimbursement, or political
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a)\$(8,000
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$
c) Total of all itemized expenditures reported in detail in section VI.	c) \$0

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$			
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$			
f) Total of all expenses year to date	ns_18,000			
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from lobbying fees during this reporting period, including by whom paid or to whom charged.				
Paid to:	Amount:			
	\$			
	\$			
	\$			
	\$			
·	\$			
	\$			
Sworn Statement/Affirmation by Lobbyist				
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.				
m/2/2	<u>4-10-18</u> (Date)			
(Signature of lobby ist)	(Date)			
(Print Name of lobby ist)				